

Connecticut State Department of Education  
Summer Food Service Program (SFSP)

## 2015 APPLICATION INSTRUCTIONS FOR NEW SPONSORS

REQUIRED FORMS/MATERIALS FOR ALL APPLICATIONS	
Form/Material/ Topic	TITLE/INSTRUCTION
	<p><b>Agreement for Child Nutrition Programs</b></p> <p>This is the formal agreement to participate in Child Nutrition Programs. The agreement includes the nondiscrimination clause for non-pricing programs.</p> <p><b>Page 1 (front)</b></p> <ul style="list-style-type: none"> <li>• Enter <i>Type of Institution</i></li> <li>• Private nonprofit organizations, enter the FEIN (Federal Employer Identification Number) and attach nonprofit documentation from the Internal Revenue Service (IRS), the 501(c)(3). Nonprofit status – 501(c)(3) Private nonprofit sponsors (except church sponsors) must hold federal tax-exempt status granted under section 501(c)(3) of the Internal Revenue Code. Submit a copy of the 501(c)(3) documentation of nonprofit status from the Internal Review Service (IRS). Note: If the 501(c)(3) does not include the FEIN (Federal Employer Identification Number) submit correspondence with IRS, which includes the FEIN. Church sponsors must provide proof of state non-profit status.</li> <li>• Enter the name of the <i>Institution</i>, not the program or site name. Note: The name must be the same as it appears on the FEIN documentation.</li> <li>• Enter <i>Address</i> for payment, not the correspondence address, if different.</li> <li>• Check all <i>Child Nutrition Programs</i> covered under the agreement.</li> </ul> <p><b>On page 4, enter the following</b></p> <ul style="list-style-type: none"> <li>• Name of the <i>Institution</i> as it appears on page 1.</li> <li>• <i>Date</i> of the board meeting when the governing body of the (<i>name of</i>) institution took action to participate in the Child Nutrition Program and designated the following representatives.</li> <li>• <i>Signature 1</i> is the designated representative authorized to enter into the Agreement for Child Nutrition Programs on behalf of the institution and to sign claims for reimbursement. The person is head of the governing body, e.g., the chief officer elected or appointed to assume legal responsibility for the organization (Superintendent of Schools, Mayor, Selectman, Chairperson of the Board, Pastor or Commissioner).</li> <li>• <i>Signature 2</i> is authorized only to sign the claims for reimbursement in the absence or incapacity of the first designated individual (Assistant Superintendent, Business Official, Principal, Headmaster, City or Town Manager, Executive Director or Deputy Commissioner).</li> <li>• <i>Signature 3</i> certifies Board action (Secretary of the Board, Town Clerk or Secretary of the Corporation). This person is not authorized to sign the claim and must be a person different than signatures #1 and #2.</li> </ul> <p><b>TO BE RETURNED:</b></p> <ul style="list-style-type: none"> <li>• Two originals (signatures must be original)</li> <li>• 501(c)(3) If new private non-profit institution <i>except church sponsors</i></li> <li>• Church sponsors must provide proof of state non-profit status.</li> </ul>

## 2015 SFSP APPLICATION INSTRUCTIONS, continued

REQUIRED FORMS/MATERIALS FOR ALL APPLICATIONS, continued	
Form/Material/ Topic	TITLE/INSTRUCTION
Sponsor Application	<p><b>Application for Participation</b> <i>Please read carefully and answer all questions.</i></p> <p><b>TO BE COMPLETED:</b></p> <ul style="list-style-type: none"> <li>• One application per sponsor.</li> </ul>
Site Application	<p><b>Site Information Document</b> <i>Please read carefully and answer all questions.</i></p> <p><b>TO BE COMPLETED:</b></p> <ul style="list-style-type: none"> <li>• One application per site.</li> </ul>
Budget	<p><b>Summer Food Service Program Budget</b></p> <p><b>TO BE COMPLETED:</b></p> <ul style="list-style-type: none"> <li>• One budget per sponsor.</li> </ul>
Staff Training	<p><b>Sample Training Certification Letter</b></p> <p><b>TO BE UPLOADED TO CHECKLIST/SUPPORTING DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>• List of training topics to be covered. See <a href="#">Sample Annual Training Session Documentation</a>.</li> <li>• Training Certification Letter. See <a href="#">Sample Training Certification Letter</a>.</li> </ul>
Monitoring	<p><b>Sample Visit Certification Letter</b></p> <p><b>TO BE UPLOADED TO CHECKLIST/SUPPORTING DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>• A letter providing assurance that all new sites have been visited and that they have the capacity and facilities to provide meals for the anticipated number of children (submit prior to the program opening date). See <a href="#">Sample Visit Certification Letter</a>.</li> <li>• The schedule for making pre-operational visits to new sites, visiting new sites during the first week of operation and reviewing all sites during the first four weeks of operation. See <a href="#">Sample Visit/Review Schedule</a>.</li> </ul>

## 2015 SFSP APPLICATION INSTRUCTIONS, continued

REQUIRED FORMS/MATERIALS FOR ALL APPLICATIONS, continued	
Form/Material/ Topic	TITLE/INSTRUCTION
Meal Pattern	<p><b>SFSP Meal Pattern</b></p> <p><b>TO BE RETURNED:</b></p> <ul style="list-style-type: none"> <li>Menus for all meals and snacks to be served (sponsors using a cycle menu must provide an 11-day cycle). Menus submitted for approval must contain the name of the food item and the quantity of the food item to be served. Any sponsors intending to implement offer-versus-serve must include detailed explanation regarding implementation. Menu approval must be granted prior to the beginning of program operation.</li> </ul>
Civil Rights	<p><b>Civil Rights Pre-award Survey</b></p> <p>List the primary towns served by the Program. The CSDE will complete the racial/ethnic estimate. Answer all questions; this must be signed by the person completing the form.</p> <p><b>TO BE RETURNED:</b></p> <ul style="list-style-type: none"> <li><a href="#">Pre-award Survey</a> must be completed and submitted as part of application.</li> </ul> <p><b>Civil Rights Training and Notification Requirement</b></p> <p>A summary of Civil Rights requirements with appropriate forms and instructions is enclosed. Review <a href="#">Civil Rights packet</a> and complete <a href="#">Civil Rights Beneficiary Data Collection Form</a>. Files must be maintained in sponsor records as outlined in packet.</p> <p><b>TO BE RETURNED:</b></p> <ul style="list-style-type: none"> <li><a href="#">Civil Rights Beneficiary Data Collection Form</a> must be completed as directed in packet and submitted to the CSDE at the conclusion of the Summer Meals Service Period.</li> </ul>

## 2015 SFSP APPLICATION INSTRUCTIONS, continued

ADDITIONAL FORMS/MATERIALS*	
Form/Material/ Topic	TITLE/INSTRUCTION
Authority Changes	<p><b>Authorized Signature Change Form and Instructions</b></p> <p>Required to be submitted whenever one of the two authorized signers changes on the ED-099.</p> <p><b>TO BE RETURNED:</b></p> <ul style="list-style-type: none"> <li>One original (signatures must be original) any time change is being made. See <a href="#">Authorized Signature Change Form</a> and <a href="#">Instructions</a>.</li> </ul>
Closed Enrolled Sites and Camps	<p><b>Income Guidelines</b></p> <p>For use by camp sponsors and sponsors with enrolled program sites. Current guidelines are effective July 1, 2014, through June 30, 2015. <b>DO NOT</b> distribute to parents.</p> <p>A sample copy of the Income Eligibility Application and Parent Letter distributed by camp sponsors and sponsors with enrolled sites. The sample of the Application and Parent Letter is included in <a href="#">Operational Memorandum 02-15 SFSP</a>.</p> <p><b>TO BE RETURNED:</b></p> <ul style="list-style-type: none"> <li>Documentation showing the number of children enrolled (each camping session for camps) who are eligible for free or reduced priced meals must be provided as soon as it is available but no later than the claim submission. See <a href="#">Sample Enrollment Information Form</a>.</li> </ul>
Vended Programs	<p><b>Contract with Food Service Management Company</b></p> <p><b>TO BE RETURNED:</b></p> <ul style="list-style-type: none"> <li>A synopsis of Invitation to Bid including date and place of publication or the proposed agreement with School Food Authority. See instructions and resources on the CSDE's <a href="#">SFSP</a> Web page.</li> </ul>
NYSP	<p><b>Sample National Youth Sports Program (NYSP) Certification Letter</b></p> <p><b>TO BE RETURNED:</b></p> <ul style="list-style-type: none"> <li>National Youth Sports Program Certification Letter. See <a href="#">Sample NYSP Letter</a>.</li> </ul>
<p>* Please contact the Summer Meals Coordinator at the Connecticut State Department of Education if you are unsure whether these requirements apply to your organization.</p>	

## 2015 SFSP APPLICATION INSTRUCTIONS, continued

MATERIALS TO BE UPDATED ANNUALLY AND KEPT ON FILE IN SPONSOR RECORDS	
Form/Material Number/Name	Title/Instruction
Health Department Notification	<b>Sample Health Inspection Letter</b> A copy of the proposed letter to the local health department providing notification of intention to operate food service at the sites listed. Give specific dates and times of operation for each site. See <a href="#">Sample Health Inspection Letter</a> .
Public Notification	<b>Sample Press Releases</b> A copy of releases which correspond to the type of sites operating as submitted to the media. Include the date sent and names of media to which it was sent. See <a href="#">Sample Press Release</a> by site type.
Meal Counting	<b>Sample Meal Counting Forms</b> A description of procedures for collecting information on the daily number of meals served to children and the daily number of hours worked by site personnel (if labor costs will be claimed). Include both the frequency of information collection and the method used to collect information from sites. See Sample Meal Counting Forms on the CSDE's <a href="#">SFSP</a> Web page.

MATERIALS PROVIDED FOR REFERENCE/ASSISTANCE	
Form/Material Number/Name	Title/Instruction
<a href="#">Appeal Procedures</a>	<b>Sponsor and Food Service Management Company Appeal Procedures</b> Review for your information.
<a href="#">Federal Regulations</a>	<b>USDA Regulations Part 225</b> Review for your information.
<a href="#">FNS 796-4</a>	<b>USDA Financial Management Instructions</b> Review for your information.

## 2015 SFSP APPLICATION INSTRUCTIONS, continued

**When the electronic application is completed, please make sure that ALL of the required forms and materials are addressed.**

This document is available at [www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sfsp/cappnewsfsp.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sfsp/cappnewsfsp.pdf).  
For more information on the SFSP, visit the Connecticut State Department of Education [SFSP Web site](#).



Connecticut State Department of Education  
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*Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).*

*Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).*

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